SCHEDULE E)	PAGE 1 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Lexicon	9 M M / D D / Y Y Y Y
Mailing Address 10300 Farnham Drive	09 22 2012 ount
City State Zip Code Bethesda MD 20814	20.00 saction ID : D451151
Purpose of Expenditure Design Flier Category/ Type Office Sou	ught: House State: NV Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER Check On	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	nent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Lexicon	9 09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10300 Farnham Drive	اسندا لتا لتا
City State Zip Code Bethesda MD 20814 Tran-	10.00 saction ID : D451152
Purpose of Expenditure Design Flier Category/ Type Office Sou	House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check On	
Calendar Year-To-Date Per Election for Office Sought 375094.89 Disbursem 2012	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7.1.7.1.7.1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012

SCHEDULE E)	PAGE 2 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	_
Lexicon	Date
Mailing Address 10300 Farnham Drive	09 22 2012 Amount
Other 7th Only	Amount
City State Zip Code Bethesda MD 20814	10.00
Durage of Evanditure	Transaction ID : D451153 e Sought: House State:
Design Flier Category/ Type 004	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 00
Willard Mitt Romney Chec	k One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbut 2012	ursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
Colleen O'Neill WV	Date
Mailing Address 283 College Manor Drive	09 22 2012
	Amount
City State Zip Code Arnold MD 21012	6.25
	Transaction ID : D451157
Purpose of Expenditure Proof Flier Category/ Type Office	e Sought: House State: NV Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
DEAN HELLER Chec	k One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbu 2012	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	16.25
(a) CCD TO THE OF HOME EXPONENTIAL EXPONEN	10.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	1171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	9 24 2012
Signature	

SCHEDULE E)	PAGE 3 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Colleen O'Neill WV	Date
Mailing Address 283 College Manor Drive	09 22 2012 Amount
City State Zip Code	Allount
Arnold MD 21012	1.57 Transaction ID : D451160
	e Sought: House State:
	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbut 2012	ursement For: Primary General Other (specify)
Full Name (Leet First Middle Initial) of Days	
Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill WV	Date
Mailing Address 283 College Manor Drive	09 22 2012
203 College Marior Drive	Amount
City State Zip Code	1.57
Arnold MD 21012	Transaction ID : D451161
Purpose of Expenditure Proof Flier Category/ Type 004	e Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	sk One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought 375094.89 Disbut	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	214
(a) SOBTOTAL of Remized Independent Expenditures	3.14
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	9 24 2012
Signature	

SCHEDULE E)	PAGE 4 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFSCME Special Account	Date 09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	
Washington DC 20036	4405.52 ansaction ID : D452265
Purpose of Expenditure Category/ Office S	Sought: House State:
туре	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney Check	
Calendar Year-To-Date Per Election Disburs 2012	sement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account	Date
Mailing Address 1625 L Street, NW	09 22 2012
l A	Amount
City State Zip Code Washington DC 20036	1253.91
Tr	ransaction ID : D452266 Sought: House State: OH
In Kind Staff Category/ Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JOSH MANDEL Check	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 127597.22 Disburs 2012	Sement For: Primary General Other (specify)
() CUPTOTAL ():	
(a) SUBTOTAL of Itemized Independent Expenditures	5659.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012
Signature	

SCHEDULE E)	PAGE 5 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFSCME Special Account	09 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW	
City State Zip Code	
Washington DC 20036	1268.21 action ID : D452268
Purpose of Expenditure In Kind Staff Category/ Type Office Sou	
Name of Federal Candidate Supported or Opposed by Expenditure:	President
KEITH ROTHFUS Check One	e: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account	M = M / D = D / Y = Y = Y
Mailing Address 1625 L Street, NW	09 22 2012
Amo	punt
City State Zip Code	1883.40
	saction ID : D452269
Purpose of Expenditure In Kind Staff Category/ Type Office Sou	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check On	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3151.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E)	PAGE 6 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFSCME Special Account	Date
Mailing Address 1625 L Street, NW	09 22 2012 Amount
City State Zip Code	
Washington DC 20036	1883.40 ansaction ID : D452270
	Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Bill Nelson Check	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburs 2012	sement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account	Date
Mailing Address 1625 L Street, NW	09 22 2012
	Amount
City State Zip Code Washington DC 20036	1253.91
Ti Office	ransaction ID : D452271 Sought: House State: OH
In Kind Staff Category/ Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown Check	
Calendar Year-To-Date Per Election for Office Sought	Sement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2427.24
(a) SOBTOTAL OF REITHZER INDEPENDENT EXPENDITURES	3137.31
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E)	PAGE 7 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee	_
AFSCME Special Account	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	
Washington DC 20036	4405.52 Transaction ID : D452273
In Kind Staff	the Sought: House State:
Type Util	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	Ck One: Support Oppose
Barack Obama Che	
Calendar Year-To-Date Per Election for Office Sought 375094.89	oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account	Date
Mailing Address 1625 L Street, NW	09 22 2012
3 3 1025 E Gilecti, NVV	Amount
City State Zip Code	1268.21
Washington DC 20036	Transaction ID : D452274
Purpose of Expenditure In Kind Staff Category/ Type Office	be Sought: House State: PA Senate District: 12
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARK CRITZ Che	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought J 40484.30 Dist	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5673.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	9 24 2012
Signature	

SCHEDULE E)	PAGE 8 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends repo	rt filed on
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date
Mailing Address 100 Indiana Avenue, N.W.	09 22 2012 Amount
City Ctota 7in Code	Amount
City State Zip Code Washington DC 20001	2971.05 Transaction ID : D452275
Purpose of Expenditure In Kind Staff Category/ Type 001	Office Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	Y President
Willard Mitt Romney	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 375094.89	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATIO	N Date / Date / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code Washington DC 20001	812.49 Transaction ID : D452276
Purpose of Expenditure In Kind Staff Category/ Type 001	Office Sought: House State: PA Senate District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS	President Check One: Support Oppose
KEITH KOTHFUS	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	. ▶ 3783.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 24 2012
Signature	

SCHEDULE E)	PAGE 9 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION Date	M M M / D D / Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	09 22 2012
City State Zip Code	
Washington DC 20001	1083.32 action ID : D452277
Purpose of Expenditure In Kind Staff Category/ Type Office Sou	ght: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check One	e: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	unt
City State Zip Code	
Washington DC 20001	815.70 saction ID : D452278
Purpose of Expenditure In Kind Staff Category/ Type 001	ght: House State: WI Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON Check One	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought 32596.44 Disbursem 2012	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1899.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012
Signature	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

SCHEDULE E)	PAGE 10 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0 000101201
Check If 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date
Mailing Address 100 Indiana Avenue, N.W.	09 22 2012
	Amount
City State Zip Code Washington DC 20001	815.70
Purpose of Expenditure Category/ Office	transaction ID : D452279 ce Sought: House State: WI
Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN Che	ck One: Support Oppose
TANNOT BALBANIA	
Calendar Year-To-Date Per Election for Office Sought 32596.44	oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date
Mailing Address 100 Indiana Avenue, N.W.	09 22 2012 Amount
01.1.	Amount
City State Zip Code Washington DC 20001	1083.32
Purpose of Expenditure Category/ In Kind Staff Office Type	ransaction ID : D452280 ce Sought: House State: FL Senate Dictrict: A2
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00
	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Dist	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1899.02
(a) SSTOTAL OF REMIZED MACPORAGIN EXPONDITION	1000.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	9 24 2012
Signature	

SCHEDULE E)	PAGE 11 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C 000494297
	C C00484287
Check If 24-hour report 48-hour report New report Amends report f	iled on M M M / D D / Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date
COMMITTEE ON EETTEN CANNIERO I CENTICALE ED COMMICINO	09 22 / Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	Amount
Washington DC 20001	2971.05
3	Transaction ID : D452281 Office Sought: House State:
Purpose of Expenditure Category/ In Kind Staff Category Type O01 Category O01 O01	Senate
	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Barack Obama	Silvery Cities Support
	Disbursement For: Primary General
for Office Sought 375094.89 20	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	M M / D D / Y Y Y
Mailing Address	09 22 2012
Mailing Address 100 Indiana Avenue, N.W.	Amount
	Amount
City State Zip Code Washington DC 20001	812.49
31	Transaction ID : D452282 Office Sought: SZ House State: DA
Purpose of Expenditure Category/ In Kind Staff Category Type 001	Sanata PA
	President District: 12
Name of Federal Candidate Supported or Opposed by Expenditure:	
MARK CRITZ	Check One: Support Oppose
	Disbursement For: Primary General
Tot Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3783.54
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
, and the second se	4 4 4
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	
[Electronically Filed] Date	09 24 2012
Signature	

(SCHEDULE E)	PAGE 12 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	Date
Mailing Address 1325 Massachusetts Ave. NW	09
City State Zip Code	
Washington DC 20005	51.79
Purpose of Expenditure In Kind Staff Category/ Type 001	Office Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Willard Mitt Romney	Check One: Support Oppose
Calendar Year-To-Date Per Election 375094.89	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	Date 09 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1325 Massachusetts Ave. NW	Amount
City State Zip Code	51.79
Washington DC 20005	Transaction ID : D452284
Purpose of Expenditure In Kind Staff Category/ Type 001	Office Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 66703.36	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	103.58
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2012

SCHEDULE E)	PAGE 13 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	ate
Mailing Address 1325 Massachusetts Ave. NW	M 09 / 22 / Y 2012 whount
City State Zip Code	
Washington DC 20005	51.79 ansaction ID : D452285
Purpose of Expenditure In Kind Staff Category/ Type Office S	Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bill Nelson Check (One: President Oppose
Calendar Year-To-Date Per Election for Office Sought Disburse 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	0ate
Mailing Address 1325 Massachusetts Ave. NW	mount
City State Zip Code Washington DC 20005	51.79 ansaction ID : D452286
Purpose of Expenditure In Kind Staff Category/ Type 001	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check 0	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 375094.89 Disburs 2012	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	103.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E)	PAGE 14 OF 30 FOR SE OF FORM 24/48
	EC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Plasterers' Cement Masons' & Shop Hands Political Action Committee	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11720 Beltsville Drive #700 Amount	
City State Zip Code	
Beltsville MD 20705	757.03 tion ID : D452287
Purpose of Expenditure Category/ Office Sought	: House State:
Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney Check One:	President Support Oppose
William Will Will William	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Other	er (specify)
Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee	
	9 22 2012
Amount	t
City State Zip Code	301.86
	tion ID : D452288
Purpose of Expenditure In Kind Staff Category/ Type Office Sought	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Other	er (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1058.89
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012
Signature	

SCHEDULE E)	PAGE 15 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed on	/ M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Plasterers' Cement Masons' & Shop Hands Political Action Committee	09 22 2012
Mailing Address 11720 Beltsville Drive #700 Amou	
City State Zip Code	
Beltsville MD 20705	182.18 action ID : D452289
Purpose of Expenditure In Kind Staff Category/ Type 001 Office Soug	ht: House State: WI Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TOMMY G THOMPSON Check One:	: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought 32596.44 Disburseme	nt For: Primary General
Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee	M M / D D / Y W W W
Mailing Address 11720 Beltsville Drive #700	09 22 2012
Amou	ınt
City State Zip Code Beltsville MD 20705	182.18 action ID : D452290
Purpose of Expenditure In Kind Staff Category/ Type 001 Office Sough	
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TAMMY BALDWIN Check One.	: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	364.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) cost of the control of the contr	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012
Signature	

(SCHEDULE E)	PAGE 16 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report	t filed on
Full Name (Last, First, Middle Initial) of Payee	
Plasterers' Cement Masons' & Shop Hands Political Action Committee	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 11720 Beltsville Drive #700	Amount
City State Zip Code	
Beltsville MD 20705	301.86 Transaction ID : D452291
Purpose of Expenditure In Kind Staff Category/ Type 001	Office Sought: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Bill Nelson	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committe Mailing Address 11720 Beltsville Drive #700	Date 09
	Amount
City State Zip Code Beltsville MD 20705	757.03 Transaction ID : D452292
Purpose of Expenditure In Kind Staff Category/ Type 001	Office Sought: House State: Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Barack Obama	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 375094.89	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1058.89
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 24 2012
Signature	2012

SCHEDULE E)	PAGE 17 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFT Solidarity 527	Date
Mailing Address 555 New Jersey Ave. N.W.	09 22 2012
5 555 New Jersey Ave. N.W.	Amount
City State Zip Code	25,00
Washington DC 20001	354.38 Transaction ID : D452293
Purpose of Expenditure Category/ Office	e Sought: House State:
In Kind Staff Oategory 001 Type	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Willard Mitt Romney Chec	k One: Support Oppose
	ursement For: Primary General
for Office Sought 375094.89 2012	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AFT Solidarity 527	09 22 / 2012
Mailing Address 555 New Jersey Ave. N.W.	09 22 2012
	Amount
City State Zip Code Washington DC 20001	219.19
g	Transaction ID : D452294
Purpose of Expenditure Category/ Type O01 Office	e Sought: House State: OH Senate District: OR
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00
	k One: Support X Oppose
Calendar Year-To-Date Per Election Disbu	ursement For: Primary X General
for Office Sought 127597.22 2012	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	573.57
(b) SUBTOTAL of Unitemized Independent Expenditures	
() 70741	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	
Olginatio -	

SCHEDULE E)	PAGE 18 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFT Solidarity 527	Date
Mailing Address 555 New Jersey Ave N.W.	09 22 2012
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Washington DC 20001	135.18 Transaction ID : D452296
Purpose of Expenditure Category/ Office	e Sought: House State: FL
In Kind Staff Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Chec	k One: Support Oppose
	ursement For: Primary Kaneral
for Office Sought 66703.36 2012	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AFT Solidarity 527	M M / D D / Y Y Y
Mailing Address 555 New Jersey Ave. N.W.	09 22 2012
	Amount
City State Zip Code	102.30
Washington DC 20001	Transaction ID : D452297
In Kind Staff	e Sought: House State: WI
Туре	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure:	sk One: Support X Oppose
TOMMY G THOMPSON	Support Suppose
32596 44 2012	ursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	237.48
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
(c) TOTAL Independent Experiorations	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M / D D / Y Y Y Y Y
[Electronically Filed] Date OS	
Signature	

(SCHEDULE E)	PAGE 19 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report	filed on fil
Full Name (Last, First, Middle Initial) of Payee	Date
AFT Solidarity 527	M M / D D / Y Y Y
Mailing Address 555 New Jersey Ave. N.W.	09 22 2012
011	Amount
City State Zip Code Washington DC 20001	102.30
Durages of Evanaditure	Transaction ID : D452298 Office Sought: House State: WI
In Kind Staff Category/ Type O01	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TAMMY BALDWIN	Check One: Support Oppose
L Calendal fear-10-Date Fel Election	Disbursement For: Primary General O12 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AFT Solidarity 527	M = M / D = D / Y = Y = Y
Mailing Address 555 New Jersey Ave. N.W.	09 22 2012
o doo now delacy / we. n.w.	Amount
City State Zip Code	405.40
Washington DC 20001	135.18 Transaction ID : D452299
	Office Sought: House State: FL
In Kind Staff Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Bill Nelson	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General
for Office Sought 66703.36	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	237.48
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(a) TOTAL Index and art Fun and it was	
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	09 24 2012
Signature	

SCHEDULE E)	PAGE 20 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFT Solidarity 527	Date
Mading Address	09 22 7 2012
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	219.19
Washington DC 20001	Transaction ID : D452300
Purpose of Expenditure Category/ Office	e Sought: House State: OH
In Kind Staff Type 001	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	k One: Support Oppose
	ursement For: Primary 🔀 General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AFT Solidarity 527	M M / D D / Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.	09 22 2012
335 New delsey Ave. N.W.	Amount
City State Zip Code	
Washington DC 20001	354.38
Office	Transaction ID : D452302 Sought: House State:
In Kind Staff Category/ Type Online Online Type Online O	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 00
	sk One: Support Oppose
375004 80 2012	ursement For: Primary General
for Office Sought	Other (specify)
· · · · · · · · · · · · · · · · · · ·	
(a) SUBTOTAL of Itemized Independent Expenditures	573.57
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M / D D / Y Y Y Y
[Electronically Filed] Date	
Signature	

SCHEDULE E)	PAGE 21 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee AFL-CIO	M M / D D / Y Y Y Y
Mailing Address 815 - 16th Street, NW Amo	09 22 2012 ount
City State Zip Code	
Washington DC 20006	27.17
Purpose of Expenditure Walk Packets Category/ Type Office Sou	ght: House State: FL Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
CONNIE MACK Check One	
Calendar Year-To-Date Per Election for Office Sought Disbursem	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee AFL-CIO	M = M / D = D / Y = Y = Y
Mailing Address 815 - 16th Street, NW	09 22 2012
Amo	ount
City State Zip Code Washington DC 20006	72.78 saction ID : D452339
Purpose of Expenditure Walk Packets Category/ Type Office Sou	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER Check On	e: Support Oppose
Calendar Year-To-Date Per Election Disbursem	ent For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	99.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y 24 2012
Signature	

SCHEDULE E)	PAGE 22 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFL-CIÒ	Date
Mailing Address 815 - 16th Street, NW	09 22 2012 Amount
City State Zip Code	
Washington DC 20006	142.23 ransaction ID : D452344
Purpose of Expenditure Walk Packets Category/ Type Office	Sought: House State: OH Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Sherrod Brown Check	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 127597.22 Disburs	sement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date
Mailing Address 815 - 16th Street, NW	09 22 2012
	Amount
City State Zip Code	142.23
Washington DC 20006	ransaction ID : D452345
	Sought: House State: OH Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
JOSH MANDEL Check	One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 127597.22 Disburs 2012	sement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	284.46
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCHEDULE E)	PAGE 23 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AFL-CIO	Date
Mailing Address 815 - 16th Street NW	09 22 2012
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	
Washington DC 20006	4.73 Transaction ID : D452346
Purpose of Expenditure Category/ Office	e Sought: House State: PA
Walk Packets Type 004	Senate District: 12
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
MARK CRITZ Chec	ck One: Support Oppose
L Calendal real-10-bate reliciedium	ursement For: Primary 🔀 General
for Office Sought 40484.30 2012	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
AFL-CIO	M M / D D / Y Y Y Y
Mailing Address 815 - 16th Street, NW	09 22 2012
	Amount
City State Zip Code	4.73
	Transaction ID : D452347
Walk Packets	e Sought: House State: PA
Type 004	Senate District: 12 President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS Chec	ck One: Support Oppose
REITH ROTHI 03	
40484 30 2012	ursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) CODITIONAL OF CHIRCHIEZES INSOPERIORIE EXPENDITURES	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma	ada in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	
Orginatoro	

SCHEDULE E)	PAGE 24 OF 30 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check If 24-hour report X 48-hour report New report Amends report filed on	/
Full Name (Last, First, Middle Initial) of Payee AFL-CIO	M M / D D / Y W Y W Y
Mailing Address 815 - 16th Street, NW	09 22 2012
City State Zip Code	
Washington DC 20006	344.65
Transa	action ID : D452348
Purpose of Expenditure Walk Packets Category/ Type Office Soug	Consts ——
	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Ohama Check One:	
Barack Obama Check One:	: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	nt For: Primary General ther (specify)
Full Name (Last, First, Middle Initial) of Payee Date	
AFL-CIO	M M
Mailing Address 815 - 16th Street, NW	09 22 2012
Amou	ınt
City State Zip Code	044.05
Washington DC 20006	344.65
Purpose of Expenditure Wells Packets Category/ Category/ Control Category/ Control Category/ Control C	action ID : D452349 ht: House State:
Walk Packets Type 004	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
Willard Mitt Romney Check One:	: Support X Oppose
, and the second	
Calendar Year-To-Date Per Election for Office Sought 375094.89 Disburseme 2012	ent For: Primary General Sther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	689.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012
Signature	

SCHEDULE E)	PAGE 25 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check If 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee	B. (
AFL-CIO	Date	
Mailing Address 815 - 16th Street NW	09 22 7 2012	
Mailing Address 815 - 16th Street, NW	Amount	
City State Zip Code	05.05	
Washington DC 20006	85.95 Transaction ID : D452350	
Purpose of Expenditure Category/ Offic	e Sought: House State: WI	
Walk Packets Odd Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	ck One: Support Oppose	
Lalendal real-10-Date Fet Flection	ursement For: Primary 🔀 General	
for Office Sought 32596.44 2012	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
AFL-CIO	M M / D D / Y Y Y Y	
Mailing Address 815 - 16th Street, NW	09 22 2012	
	Amount	
City State Zip Code	85.95	
Washington DC 20006	Transaction ID : D452351	
(aredory)	e Sought: House State: WI	
Walk Packets Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
TOMMY G THOMPSON Chec	ck One: Support Oppose	
Lalendal real-10-Date Fet Flection	ursement For: Primary 🔀 General	
for Office Sought 32596.44 2012	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	171.90	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 1 7	
() TOTAL		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler	M / D D / Y Y Y Y Y	
[Electronically Filed] Date		
Signature		

SCHEDULE E)	PAGE 26 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee Mosaic	te	
Mayres Address	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
400 T VIEWPOINT T Lace	nount	
City State Zip Code	270.00	
Cheverly MD 20781	nsaction ID : D452354	
Purpose of Expenditure Fliers Category/ Type Office Sc		
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
DEAN HELLER Check O	ne: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought Disburses 26133.96	ment For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Mosaic	te	
Mailing Address 4801 Viewpoint Place	09 22 2012	
	nount	
City State Zip Code	247.50	
Cheverly MD 20781	nsaction ID : D452355	
Purpose of Expenditure Fliers Category/ Type 004 Office Sc		
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Sherrod Brown Check O	ne: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 127597.22 Disbursel 2012	ment For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	517.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	24 2012	
Signature		

SCHEDULE E)	PAGE 27 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
Mosaic	Date	
	09 / 22 / 2012	
Mailing Address 4801 Viewpoint Place	Amount	
City State Zip Code	247.50	
Cheverly MD 20781	247.50	
Durnage of Europaditure	Transaction ID : D452356 e Sought: House State: OH	
Fliers Category/ Type 004	V Sanata ——	
Name of Fadaval Candidata Cunnavtad as Opposed by Espanditure.	President District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL Chec	sk One: Support X Oppose	
JOSH MANDEL	and one.	
	ursement For: Primary X General	
for Office Sought 127597.22 2012	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Mosaic	M M / D D / Y Y Y Y	
Mailing Address (2041)	09 22 2012	
Mailing Address 4801 Viewpoint Place	Amount	
	Amount	
City State Zip Code Cheverly MD 20781	697.50	
5.5.5	Transaction ID : D452363	
Eliors Odd	e Sought: House State:	
Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Barack Obama Chec	k One: Support Oppose	
Calendar Year-To-Date Per Election Disbu	ursement For: Primary 🔀 General	
for Office Sought 375094.89 2012	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	945.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
, and the second	7 7	
(c) TOTAL Independent Expenditures		
	7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler		
Ms. Elizabem H Shuler [Electronically Filed] Date 05	9 24 2012	
Signature		

SCHEDULE E)	PAGE 28 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check If 24-hour report X 48-hour report New report Amends report filed o	n	
Full Name (Last, First, Middle Initial) of Payee Mosaic	Date	
Mailing Address 4801 Viewpoint Place	09 / 22 / Y Y Y Y Y	
	Amount	
City State Zip Code Cheverly MD 20781	697.50 ransaction ID : D452365	
	Sought: House State: Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney Check	President One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought 375094.89 Disburs 2012	sement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Mosaic	Date	
Mailing Address 4801 Viewpoint Place	09 22 2012 Amount	
City State Zip Code	275.00	
Cheverly MD 20781	675.00 ransaction ID : D452366	
	Sought: House State: WI Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN Check	One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 32596.44 Disburs 2012	sement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1372.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

SCHEDULE E)	PAGE 29 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check If 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee	_	
Mosaic	Date	
Mailing Address 4801 Viewpoint Place	09 22 2012	
	Amount	
City State Zip Code Cheverly MD 20781	675.00	
Divinose of Evinonditure	Fransaction ID : D452367 Sought: House State: WI	
Fliers Category/ Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
TOMMY G THOMPSON Check	k One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbut 2012	orsement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date	
	09 22 / Y Y Y Y Y	
Mailing Address 815 - 16th Street, NW		
004	Amount	
City State Zip Code Washington DC 20006	27.17	
Purpose of Expenditure Category/ Office	Transaction ID : D452421 Sought: House State: FL	
Walk Packets Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
Bill Nelson Check	k One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbut 2012	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	702.17	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature Date 09	2012	

SCHEDULE E)	PAGE 30 OF 30 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee Extras, Inc.	M M / D D / Y Y Y Y	
Mailing Address 151 East Lost Toritos Amou	09 22 2012	
City State Zip Code Weslaco TX 78596	1863.13 action ID : D452435	
Purpose of Expenditure Canvassers Category/ Type Office Soughter Office		
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER Check One	President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Extras, Inc. Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 151 East Lost Toritos Amount	لىنى لتا لت	
City State Zip Code Weslaco TX 78596	1863.13 action ID : D452437	
Purpose of Expenditure Canvassers Category/ Type Office Source Office Source	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney Check One	President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 375094.89 Disburseme 2012	ent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	3726.26	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	41866.49	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed] Date Og	24 / 2012	